

GRISSOM (E)
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MANIA TRANSITORIA:

BY

EUGENE GRISSOM, M. D.

READ BEFORE THE

MEDICAL SOCIETY OF NORTH CAROLINA,

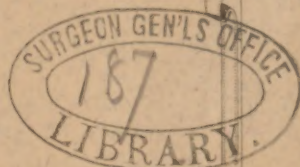
AT ITS MEETING IN FAYETTEVILLE, N. C.,

MAY 4th, 1876.

RALEIGH, N. C.:

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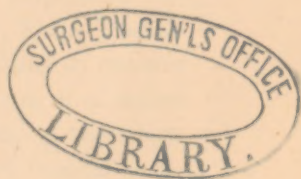
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By EUGENE GRISSOM, M. D., Raleigh, N. C.

In the medical literature of the last forty years may be found numerous cases of the sudden appearance of mental disease, its rapid development and as speedy diminution, followed by almost immediate recovery, apparent or real. Such records are abundant in the writings of continental physicians, and not unknown in American reports. Their fidelity to truth has been assumed by the first English writers on psychology, and have furnished the basis of the most learned and exhaustive charges from the bench, in the application of such knowledge to the explanation of assumed criminal offences.

Such phrases as Instantaneous Insanity, Impulsive Insanity, Mania Sine Delirio, Insane Impulse, Folie Transitoire, and finally, Mania Transitoria, are familiar to readers of current medical works. It is an opprobrium of alienists that no system of classification of the disorders of the brain and nervous system, which result in abnormal mental exhibition, has been devised, to the full acceptance of the profession. Nor is this an easy task, when the multitudinous forces both within and without the bodily organism are considered. It may not be difficult to discern the least rip-

ple that breaks the calm of the great sea at rest, but it would require exquisite mechanics to predict the size and force of the storm-driven wave, even with the most perfect knowledge of the tides and currents below, the winds and heats above, and the shoals and rocks in its path.

It is not surprising that more or less confusion exists in regard to the phenomena attending what is now most frequently called mania transitoria.

In some cases it would appear to be a synonyme for a very limited attack of what is termed moral insanity, or a perversion of the feelings and will, which does not necessarily reach the intellect. Others have considered it an affection rooted in the disordered nerve centres of epilepsy, and replacing what we know as the *grand mal*, accompanied in its outbreak with or without some indications of *petit mal*. Again, it has been attributed to direct traumatic injury; where not referable to one or both of the above varieties of disease. Again, there are writers who maintain that moral insanity is a fiction, that the brain disease indicated by perverted affections and depraved will, is never without some discoverable effect upon the intellect, but yet affirm the existence of mania transitoria, as a definite idiopathic insanity, wherein all the reality of true mania is present, although for a very short period, which may or may not be recurrent, but which as truly renders healthy mental manifestation for the time being an impossibility, as many transient but severe functional disorders of various organs break up their normal relations for the time being; for example, the arrest of the action of the kidneys.

In opposition to the belief just enunciated, a very respectable and closely reasoning class of writers demand the proof of the hypothesis, by a detail of the symptoms of this extraordinary disease, and the character of the functional derangement. How may this rare affection be differentiated from ordinary madness on the one hand, and simple fury

or malice on the other, since it is only known by its outbreaks, and its passions once appeased, all is quiet again?

The response to this seems to be that pathology is at fault. It would be impossible to predict, even in the ordinarily acknowledged types of mental disorder, what an autopsy of the brain of the subject would reveal in any particular case. Science is doubtless working faithfully in this direction. The labors of Gray and Kempster in this country, and of Voisin, the present distinguished physician of the Salpetriere, will doubtless enlighten these obscure researches; but the day is not yet. So far, say some, as chemical results go, nothing is more evident than that every insane man is a law to himself, with the exception perhaps of paresis, and one or two other specially marked disorders. Thus mania may pass into a melancholia, and *vice versa*, or both may occur in turn, as in the *folie circulaire* of the French.

It is to be regretted that the discussion of this question has been conducted with such acerbity upon both sides, as almost to require an effort to disconnect popular theories and strong medical predispositions from the mind, in order to give the facts a dispassionate examination. It is not unnatural, however, that tenacity and even bitterness of opinion should exist, if we remember the important medico-legal relations of this subject. Members of our profession are forced into the courts to declare their views, as experts, upon the sanity of men heretofore reported and believed to be as other men, yet who have committed some act that imperils their lives at the hand of justice. Often has it occurred that a large group of medical gentlemen have given entirely opposite opinions in these unfortunate cases. Few would be willing to rest under the imputation of having surrendered the sanctity of their oaths for mercy's pleading, and fewer still can be brought to acknowledge that they have condemned an irresponsible wretch to the grave. And so it has happened that on the one hand a red-handed murderer

has gone triumphantly from the dock to the plaudits of his partisans, and on the other hand justice and humanity have been shocked, to find, too late, in the autopsy of the condemned, the most absolute evidence of brain disease.

In view of its importance to the profession, I venture therefore to review some well known facts and positions relative to the existence or non-existence of transitory mania.

*Greisinger has various references to mania of limited duration. He says, "Mildner communicates an interesting case where an individual of limited intellectual capacity, with insufficiency and murmur at the aortic valves, in consequence of a violent shock fell into an attack of mania which lasted for only an hour and a half, and returned twice or thrice in the year. The very transitory maniacal attacks (mania transitoria of very short duration, occurring in the course of apparently perfect health) may be all the more readily compared with attacks of epilepsy, as sometimes even the latter end in mania. In a medico-legal point of view, it is, of course, quite the same, whether the state of mania during which the crime was committed was of long or of short duration. It is of great importance to know that undoubtedly such quite transient attacks actually occur."

†"The single paroxysms of mania last some times only a few hours." "Sometimes it appears as if the paroxysms of mania constituted a sort of resolution and compensation for the former state of mental pain, in the same way as we see in epilepsy and hysteria, many disagreeable and painful sensations which precede the attack, disappear with it." "Maniacs may recover suddenly, or this favorable result may be gradually arrived at after progressive diminution of the symptoms."

*Greisinger on Mental Diseases, trans. by Robertson, 1867, p. 290.

†Ibid, p. 291.

He refuses, however, to disconnect the disease from the intellect proper, and place it in the category of the so-called moral insanity, but rather says: **"We recognize the fundamental fact that in no single case of mania is the conscious thought, the intelligence, perfectly free from any disorder. Even in the very slightest degrees of mania the intelligence participates in the general exaltation, though it be only to the extent of increased liveliness and rapidity of thought; generally, however, there is incoherence."*

In the first volume of the *Journal of Insanity*, published thirty years ago, Dr. Sam'l Woodward, relates an † instance of a young man of apparent good health, of good appearance, habits and character, who was at times affected by an extraordinary desire to kill his best friends. No one suspected that a dreadful impulse was urging him to destroy his beloved relatives. This he confessed to his physician, who took remedial measures for his restoration.

Feuchtersleben in his work on *Medical Psychology*, translated and published by the Sydenham Society, says: ‡*"A fit of mania may occur quite isolated, and it then represents an ephemera. This ephemeral occurrence, which, however, is not confined to mania alone, but takes place, though more rarely, with every species of insanity, is confirmed by innumerable examples. Thus the celebrated Dr. Fothergill, otherwise a very sober-minded man, was all at once seized with the mania of walking naked through the streets of Edinburgh, and preaching repentance. A young man, in perfect health, awoke suddenly one night in a fit of raving madness, ill-treated his wife, attempted to leap out of the window, and struck at whatever came in his way. An emetic put an end to this scene in an hour; since which*

*Griesinger on Mental Diseases, trans. by Robertson, 1867, p. 302.

†*Journal of Insanity*, vol. 1, p. 325.

‡Feuchtersleben, *Medical Psychology*, p. 299.

he has been in a perfect state of health, never having had a recurrence of the attack. Other examples of a similar nature might be adduced.*

"Transitory mania," says the same writer, "is for the most part cured by emeto-catharsis."

Dr. Earle reports the case of M. J., of Paris,† to whom he was called, May 7th, 1844. He found this ordinarily mild and amiable young man held down upon the bed, with difficulty, by four robust men. He recognized no one, the eyes rolled in their orbits, he saw before him the corpse of an imaginary being, and strove to drink its blood, and again, to disembowel one of his attendants.

The application of twenty leeches on either side of his neck was powerless to affect his transports of fury. Learning that he had written a long letter the night before to a young lady, and ascertaining her address, Dr. Earle prevailed upon her to lay aside her objections and go with him to the sick man's room, whom he had reason to believe to be tortured by jealousy. Entering, she demanded, what means all this? An instantaneous change came over the patient, his pupils that had been widely dilated, contracted, a smile came upon his features, he burst into tears and was restored. Subsequently he could give no account of the false impressions under which he had labored. He went out as usual on the following morning, and there is no record of any after attack.

Dr. Maudsley, one of the editors of the *Journal of Mental Science*, and so distinguished as a Manager of Hamvill Asylum, England, says, "Cases of insanity are occasionally observed in which an attack of mania suddenly comes on, and soon passes away, so that although there is no epileptic fit, one can scarce avoid looking upon the attack as a sort of

*Comp. Vering's *Psych. Heilk*, ii, 2.

†*Journal of Insanity*, vol. I, p. 145.

epilepsy. Now this *Mania Transitoria* may take on the homicidal form."

It seems well settled that any sudden and great change of character, of the temper and disposition, following disease or injury of the head, although the intellect appears not to be disturbed, is an alarming symptom, and is often the precursor of intellectual derangement.

The case is frequently referred to, of a General in the French army, who suddenly left his duties at Boulogne, in command, and went to Paris with an imaginary treaty of peace. Napoleon alone discovered his insanity. But although he seemed sane enough, wrote comedies, and invented a valuable improvement in fire-arms, he finally died clearly insane. He had been much exposed to the sun prior to the attacks.

Dr. Bell reports a case as follows, which had been under his personal care: "A young man had showed symptoms of depression. One day his father asked him to go and make hay with him. While so engaged, his father stooping to pass through some bars, the son killed him with repeated blows of the pitchfork. Brought to the hospital within a week, he appeared calm, recognized his delusion, and never exhibited insanity again.

Dr. Woodward remarks: "The subject of Homicidal Impulse, disconnected with other evidence of insanity, is so little understood, that it is hardly possible to convince mankind of its reality."

"For this reason the facts of such cases should be carefully recorded and attentively considered. It is always unpleasant to settle the question, under circumstances that fairly admit of doubt, to decide whether the law has been violated for wicked purposes, or by an individual laboring

under an impulse, which at the time, and under the circumstances, he could not control, especially when so much incredulity is felt of the existence of such an impulse by many intelligent members of society."

"That active impulses affect the minds of men under some circumstances, quite uncontrollable, disconnected entirely with any existing delusion, cannot be doubted. Those who look at insanity in the Institutions for the insane, and those who carefully study the records of experience of those who have written on mental diseases, cannot fail to recognize such cases. Of such, none is more frequently the subject of record than the homicidal impulse."

*Daniel relates the case of Mr. H——, whom he found one day in great agitation, flushed, with rapid pulse, hurried breathing and shining eyes, and learned that he had just passed through a great trial. In his own language—"I was lying on the sofa, and my wife and children were sitting by the fire; I had been talking to them very comfortably, when suddenly my eye caught the poker; a desire came upon me which I could not control; it was a desire to shed blood. I combatted with it as long as I could; I shut my eyes and tried to think of something else, but it was of no use; the more I tried the worse I became, until at last I could bear it no longer, and with a voice of thunder I ordered them all out of the room. Had they resisted—had they opposed me, I should have murdered them every one. I must have done it; no tongue can tell how I thirsted to do it. Heaven bless them, and for what reason? Great God! how grateful I feel that I am free from that crime!"

He had suffered from digestive derangement, the liver being torpid. As the digestive apparatus recovered its tone, nothing more was observed of the destructive impulses.

In the *Journal de Med. et Chir. Pratiq.* 1833, is the oft-quoted case of a shoemaker of sober and industrious habits. He arose early one morning to go to work, but in a short time his wife was struck with his wild look and incoherent talk. Suddenly he seized a knife, and rushed upon her to kill her. She could barely escape, with her child. The physician who was called bled, and gave other remedies to the maniac. In the afternoon he was quiet. Some authorities represent that he slept, and on awaking had no remembrance of the events that had transpired.

*Rabello was tried for the murder of Beardsley, at New Preston, Conn., in 1835. Beardsley, who was a boy, and the son of the employer of Rabello, trod on the foot of the latter one evening. This threw him into a fury, and he killed the boy with an axe the next morning. In the testimony of Dr. Stone, he states that having pointed to the body, he asked Rabello if he did that. "Yes," he replied, and God will forgive me." Asked him why he did that. Because Beardsley had trod on his toes before, and at other times insulted him. Observed no alteration of mind. He answered questions rationally—discovered nothing in his countenance indicating insanity; he was much excited at first, appeared to be angry, but afterwards cooled down.

On this trial, Dr. Fuller, Supt. of the Retreat, at Hartford, affirmed: "It is well settled that one faculty of the mind may be deranged, while the rest are sound. It is no evidence of sanity that the mind is rational in regard to all facts except the one upon which it is insane. Monomaniacs have been guilty of the most desperate crimes. Should regard a man who was constantly excited by *imaginary insults*, as a dangerous man." Rabello was acquitted. He afterwards died of insanity, and a fuller history of his former life in Madeira shows that his affection was of a recurrent type.

**Jour. Ins.*, vol. 3, p'gs 42 and 46.

Dr. Jarvis,* in an article devoted to Mania Transitoria, quotes Castelnau's illustration from Hiem of Berlin, of a Councillor of State, who had always enjoyed good health. He awoke one night breathing stertorously. His wife endeavored to aid him. He assailed her with the most violent fury, and endeavored to throw her out of the window. An emetic put an end to the paroxysm, and for fourteen years he had had no other attacks.

Castelnau says, referring to transitory mania, "I could show by facts, already so numerous, recorded in the works of physicians devoted to the study of insanity, and the observation of the insane, the existence of a mental malady which society has the greatest interest to know, in order to prevent consequences dangerous to the community and to the person affected." Again he says, "We could cite a great number of facts, but these are sufficient to show that the various kinds of insanity, as of all the diseases of the organism, can establish themselves in a manner either progressive or sudden, and have a progress slow or rapid, continued, intermittent or temporary. There exist these instantaneous changes in the mental faculties, that is, instantaneous insanity. These changes have their first and only manifestation in a single act of qualified crime." This essay was delivered in 1851.

Dr. Jarvis, to whom I am indebted for the above quotation, states that in 1858, M. le Dr. Devergie read before the Imperial Academy of France a paper confirming the opinions of Castelnau, except that he claims that in the case of instantaneous insanity, there must be probably hereditary taint or some degree of mental irregularity. This mode of alienation he says, "is without cause, near or remote, appreciable to the world, bursting out as suddenly as

*Journal Insanity, vol. 26.

a clap of thunder, and ceasing completely with a criminal act."

Nevertheless he says that "the antecedents of their families, hereditary taint, divers acts of social life, propensities and tastes perverted, tendencies to silence and abstraction, thoughts of suicide, for years existing in many; have been the forerunners of the sudden outburst of irresistible criminal mania."

"There was a young man of nineteen, son of a merchant of Bordeaux, regular and exemplary in all his life, affectionate as a brother, a dutiful son, faithful to his employer, a broker. He was the heir of an immense fortune, but the child of insane parentage, with a deep aversion for his step-mother. A dinner party was given at his father's one day. At the time of dessert, Julius, the youth of whom we write, left the table and went to the hall to warm himself; the fire was not burning, he turned therefore to his chamber, and took his gun and straw hat to walk in the fields as he was accustomed to do. Then the thought of suicide, which had troubled him for a month, suddenly presented itself, and as suddenly changed to the thought of killing his step-mother. He threw down the gun, went to his brother's chamber, took two pistols, which had been loaded three months, leaving his own pistols that he had loaded the evening before. He went to the dining room, where his step-mother was sitting at the table with his father, and discharged one of the pistols into her temple." He was rational immediately afterward, and so far as is known, remained sane.

The case of Biscarrat for the murder of Faudrin, at Marseilles,† is interesting as exhibiting the repugnance of the accused to an acquittal on the ground of insanity. There

*Journal Insanity, vol. xxvi, p. 5.

†Jour. Ins., vol. iii, p. 107-119

was no apparent intellectual derangement. Faudrin bought a gold watch from Biscarrat, but some time after, he preferred to return it. B. assumes that F. means to poison him, and he secretly prepares a pistol, crying out "He must answer for all," shoots him. The Medico-Legal Commission reported that "There exists, and science leaves no doubt upon the point, that there is a form of mental derangement in which reason is seemingly preserved, although the mind of the deranged person is a prey to the exclusive thoughts which beset it, and impair its faculties." The means employed for the act prove nothing, it is the cause we must seek; the psychological and diseased agency which determined the commission of the act. * * *. The case was transferred to another court. In that court, the prisoner related the details of the murder, and admitted his intention to kill the man who had severely wronged him, as he thought. His intelligence appeared to be perfect, his mind tranquil, and his efforts were unremitting to repel the imputation of insanity. He was acquitted unanimously on the ground of insanity, and sent to an asylum at Avignon.

This case does not, it is true, present a type of Mania Transitoria, in strict conformity to the title, but it is characteristic of sudden outbreak, and little apparent intellectual variation.

The case of James Griffin for killing Erastus Coit, at Otselec, present the following facts: Griffin had been quiet, respectable and industrious, and without indication of mental disorder of any sort. Coit comes to live in his house and seduces his wife, who afterwards leaves him for Coit's house. Griffin goes to see her and is ordered out of the place by Coit. He then shoots himself, after passing out, but the wound is not mortal, and as Coit approaches and taunts him with being a fool, he turns with burning clothing and a bleeding wound and strikes the latter with a whiffletree on the head, killing him instantly. He seemed im ne-

diately after to take no notice of what he had done, and made no inquiry. His eyes were fixed and glassy, and expression that of a dead man, but he replied to ordinary questions. The jury acquitted him.

In this case, Dr. Amariah Brigham, Supt. of the N. Y. Insane Asylum, testified: "I cannot regard it as exceedingly strange that an insane person should prosecute his business correctly for a while, and then have a sudden paroxysm of insane excitement, commit some rash act, and become calm, and act and converse rationally for a time: for I have seen a considerable number of such cases, though they may be deemed rare."

Dr. Buttolph* of the New Jersey Asylum, the home of the revered and beloved Miss Dix, views the instantaneous phenomena which form the subject of this paper, rather as developments of a concealed insane condition. "Masked insanity" says he, often exist for months and years, unsuspected by the friends of the parties, or other persons, until some sudden, though premeditated act of fraud, or suicide, or homicide, reveals the truth. I need not cite examples: the records of hospitals for the insane, and of courts of justice and injustice too, are filled with them, and it may be added, with shame to the jurisprudence of every country, that these persons are often made the victims of their misfortune, as diseased subjects in the dungeon, and on the scaffold.

Dr. Conolly,† the celebrated physician to the Middlesex Asylum, at Hanwell, has gathered a large number of instances of what has been denominated transitory mania. Thus he relates that while a friend of his was in Strasburg, a soldier there became the subject of sudden homicidal impulse. He sallied out, resolved to kill the first person

*Jour. Ins., vol. 6, p. 131.

†Jour. Ins., vol. 6, p. 297.

whom he met, whomsoever it might be. It happened that an artist, who had a house in the suburbs, was pruning his vines, and the soldier attacked him, and cut his throat.

"A lady, the wife of a gentleman of fortune, got up in the night, walked out of the house, and drowned herself in the pond. In the morning the gentleman awoke and found his wife missing. There had been no previous suspicion of melancholy, despondency, or insanity." "Innumerable cases might be added to these," is his strong language. Suppose, says Dr. Conolly, who may be fairly claimed as standard authority from his point of view, the lady last mentioned had murdered her husband in the night, if, after the act, she had become calm, (which is not an uncommon case) what jury or what judge would much regard medical testimony concerning the fact of such temporary madness?

This was said twenty-five years ago, and we shall see that judges have regarded such declarations since, in various cases, while others have as sternly refused so to do.

The case which follows is typical of a large class of reports that have been considered to represent mania transitoria.

*A tradesman of fifty years of age, remarkable for uprightness in his dealings, kindness and benevolence, became involved in pecuniary trouble. His temper changed, his nights were sleepless, and appearance haggard. Several customers inflicted losses upon him, nearly at the same time, one of whom absconded. He believed a certain creditor meant to ruin him, and in this state of mind, an execution was put into his house by the creditor alluded to. The unfortunate man tore his hair, cried, and was thrown into an agony of distress. For many nights afterwards he was known scarcely to sleep. At the end of this time he went

*Jour. Ins., vol. 6, p. 299.

out, armed with an old pair of pistols that he was not known to have touched for many years. Going to the office of his creditor, he fired one at him, wounding him severely in the face, and discharged the other at his own head, receiving only slight injury. But after a few days, this tradesman became perfectly tranquil, and remained so. He was in no degree desirous of the plea of insanity being advanced in his favor, when in prison, although he said he felt wholly at a loss to explain his even thinking of the pistols which he scarcely knew how to use; and that all that he had done was now unaccountable to him. He was acquitted, as of unsound mind, at the time of the offence.

Dr. Connolly says: "No single test of insanity can be safely relied on. There may be delusion or no delusion; premeditation and plan, or neither; apparent motive or no apparent motive. Many insane people act from motives sufficiently apparent, and plan crimes with abundant premeditation. They often exercise these powers without intending any crime, but in furtherance of some vague object."

Dr. Connolly says: "It is the painful and difficult duty of others to view these questions solely as legislators and defenders of society. Medical men must steadily view them as physicians, physiologists, psychologists, and not be scared away from what they know to be true, nor from declaring it. * * * * * The same courage which causes the physician to brave the dangers of pestilence, should support him in this duty, beneath the assault of pestilent tongues and pens. Not the voice of the people, calling for executions, nor the severities of the bench, frowning down psychological truth, should shake his purpose as an inquirer and a witness. His business is to declare the truth; society may deal with the truth as it pleases."

*Jour. Ins. vol. 6, p. 300.

In the trial of Oxford* for shooting at the Queen of England appear the following questions and replies:

"Are there instances on record of persons becoming suddenly insane, whose conduct had been previously only eccentric?"

Answer, "Certainly. * * * Such a form of insanity exists and is recognized."

"What form of insanity do you call it?"

"Lesion of the will—insanity connected with the development of the will. Committing a crime without any apparent motive is an indication of insanity."

Castelnau says: "The first act of insanity may be a murder, followed by the disease in an intermittent or continued type. But when a criminal action is the sole indication of insanity, it constitutes the instantaneous or transitory insanity of authors (Henke, Marc, Cozanveilh, &c.)

Ballard,‡ the celebrated juris-consult, whose decisions have ever been regarded as leaning to severity rather than leniency of judgment, says: "There are others who lose reason instantly, owing to severe pain, sudden surprise, or parallel cause. The only difference is in duration, and he whose head has been turned for a few hours, is as completely insane during this ephemeral delirium, as another in whom it has continued for years."

Marc relates numerous cases that have been regarded as exhibiting this affection. The editor of the Journal of Practical Medicine and Surgery gives five cases. Hufeland's Journal reports four. Dr. Thore mentions a case. Drs. Bouchet and Morel insist that there is a disease produced by a sensibility that the judgment cannot direct, and manifest-

**Jour. Ins.*, vol. 7, p. 317.

†*Jour. Ins.*, vol. 9, p. 2 to 11.

‡*Jour. Ins.*, vol. 9, p. 3

ed by disorderly and criminal acts. Dr. Lunier asserts the same, with instances.

The above are quoted by Dr. Jarvis.

Dr. Boys de Louy* confirms the same belief, with two cases. "Guilty," says he, such cases are in the eyes of the world, and the magistracy, but yet to the eye of medical observation, they are unable to guide their reason.

Belhomme admits that while insanity may develop instantaneously, and may occur independently, there is usually in such cases a hereditary predisposition.

Cascanx believed in instantaneous attacks, and gave a case of a student, tempted to suicide, from a passing trouble.

Collineau thought there was a kind of instantaneous insanity which was extremely transient.

It might be inquired how could a person become so suddenly insane, and then be so suddenly relieved from it. Did any physical lesion occur in such cases? Such questions are the most difficult to be solved.

Dr. Castellan,* relates the well known case of the inhabitant of the Commune of Gard, who, returning from his labor met his wife and spoke pleasantly, "My merry one, is the soup ready?" She replied by a blow of the knife, which killed him, and she then strove to hide the body. No circumstance could explain the act, except her insanity. She escaped the officers of justice and tried to drown herself, but was taken from the water alive. She belonged to an insane family, and the medical judgment was, that she had acted under an impulse of instantaneous mania. She was sentenced to hard labor for ten years, although she was finally feeble minded.

Georget, after researches into the history of homicidal

*Jour. Ins., vol. 9, p. 77.

†Quoted in Jour. Ins. from Review Medical, Sept., 1851.

‡Jour. Ins., vol 9, p. 8.

mania, affirmed that "A horrible act, a murder, an arson, committed without cause, without motives of interest, by an individual whose actions have been previously correct, must be the result of insanity." In this case the woman had no motive, interest or pretext, to murder her husband.

*A female in flourishing mercantile business, while dining at a restaurant with her husband and children, was detected in concealing under her dress some articles from the table. She could not deny it, or explain it. Her former life had been pure and upright. Her constitution was vigorous, but at the time of the theft, owing to trouble in her family, she had suffered from nervous affections, and complained often of her head. On being interrogated, she could remember little of the alleged circumstance. Seeing her condition in society above want, the ease with which she might have taken more valuable articles, and her physical condition, Dr. Boys de Louy pronounced it a case of momentary seizure of insanity, and the court discharged her.

Dr. Ray,† one of the first physicians for the insane in public estimation now living, relates the case of C. A., who killed his cousin V. A., Aug. 13th, 1855. These two young men, most amiable in disposition and of high moral character, had gone to the mines of California, where they had remained for years in close partnership. They had returned to their old homes in New England, and on the date above named V. had gone to his uncle's on a friendly call. At the corner he met C., and soon after he was seen walking away from it, and when a few rods distant fell, mortally wounded by a shot fired by C. from the window, from an old shotgun kept in the crib. The murderer passed by those who were raising the wounded man, and went into the house without noticing him. His only reply when

*Jour. Ins., vol. 9, p. 76.

†Jour. Ins., vol. 12, p. 205.

questioned as to why he shot V. was, that they "had had no difference." V. lived twelve hours, and said repeatedly that he knew of no reason for the act—nothing unpleasant had passed at the crib. It appeared that C. had been silent and abstracted, and refused to see his friends who called upon him; had complained of headache, and paced his room at night. He was stout, strongly built, with the appearance of high health, and answered all questions rationally, but slowly. He made no attempt to leave, and said the killing was accidental. His pulse was 100 to 110. The grand jury refused to indict him, and he was placed in charge of Dr. Ray, of Providence Asylum. There he retracted his former statement, and said the killing was not accidental, but was on account of some young lady, and of circumstances that he alleged had occurred seven or eight years before, which had induced him to kill his cousin. His deportment was entirely correct and manners gentlemanly. Yet Dr. Ray says he was certainly insane. He remarks: "It is well known that when an impulse of this kind has passed off, and the person has become conscious of the havoc he has committed, it sometimes happens that he is ashamed of, and frightened at the consequences of his conduct. We know too, that the patient sometimes finds his grievances among incidents that made no impression at the time, and had been almost forgotten by every one else. After the lapse of weeks or months, an innocent remark or look, or gesture is culled up, and ingeniously tortured into a damning proof of hate or hostility." Had the case gone to trial, says Dr. Ray, the old difficulty, although really healed, would have been considered as forming a rational motive for the act. Difficulties like these are not uncommon in judicial investigation. It only shows how multiform is nature even in its wanderings, and how feeble are our conceptions of its infinite variety.

The *Journal de Medicine** recounts the case of Piers, an Englishman, aged 44, for twenty-five years an irreproachable, kind and amiable citizen of St. Omer. He had sudden hallucinations of hearing. One day he thought that the proprietor of the house in which he lived, who was then in the yard conversing with a neighbor, was really talking of him and grossly insulting him. He afterwards repeated the words which he believed they used, but there was abundant evidence that this was a hallucination. He opened the window and politely asked his landlord in. The latter entered, when Piers demanded the grounds of the slanders he was uttering. While the unfortunate landlord was denying the charge, Piers seized a pistol and wounded him mortally. Before the police he boasted of the deed, and declared himself dishonored if he had done otherwise. At the trial his hallucinations of hearing were proven, but the court attached importance to the artifice used to entice the victim into the chamber. He declared that he did not fire immediately from the window because he was afraid of missing, and the jury could not believe that a man capable of such reasoning was a lunatic. On the contrary, artifice and dissimulation are characteristics of monomania, and it sometimes requires great skill to fathom the intentions of an insane person. He was sentenced to the galleys for twenty years.

At the Court of Assizes, at Aube,† May, 1855, was tried the wife of Baudry, a discharged soldier. She was of irreproachable character, and tenderly attached to her husband, as all the witnesses declared. Nevertheless, on the evening of the 3d of January, upon eating some prunes cooked the day before, he declared they were poisoned, and supposed it may have been from the metallic dish, to which she agreed. He suffered all night. Rising next morning, in the dark-

**Journ. Ins.*, vol. 12, p. 293.

†*Journ. Ins.*, vol. 12, p. 295.

ness, he accidentally touched his wife's dress, and found a paper of vitriol there. On asking if she intended to poison him, her reply was, "I have had an idea of that kind. I am guilty: kill me." Before the court she said she could not tell how such an idea took possession of her, which she said occurred on the Thursday previous. It was learned that she was pregnant, was gloomy in disposition, and the child of a father reputed to be exceedingly cruel to animals. Her husband and neighbors attributed this action to the effect of pregnancy, and the jury acquitted her, evidently believing it an act of transitory insanity.

In reply to the statement that it is probable that no intellectual aberration appears in the history of many of these cases, only because they are imperfectly reported, Dr. Ray, at the Annual Meeting of the Superintendents of Asylums for the Insane, in 1863,* said:

"I see a great many persons who are to my mind insane, and who require custody and care, and often at a public establishment; but I may see in them no marks of intellectual impairment. They may be there, but I cannot see them. The gentlemen ask very justly for cases. If cases of this kind cannot be found in Esquirol, Pinel, Marc, Georget and Pritchard, I admit there are none. The authors themselves thought they were authentic. They could see no intellectual impairment. We assume to believe that there was, although they could not see it. We know more about their cases than they did themselves."

The case of Bernard Cangley† whose trial is reported in the Belfast Journal, March 4th, 1864, is regarded by Dr. Ray as "a paroxysm of transitory mania, suddenly beginning and as suddenly ending, after the briefest possible duration. Cangley had been an employee of Reilly, who

*Jour. Ins., vol. 20, p. 80.

†Jour. Ins., vol. 22, p. 26.

was well-to-do, and while there had a hand bitten off by the bite of an ass. One evening (Jan. 22d, 1864,) a stranger entered Reilly's, and after many years of absence, he is seen to be Cangley, by his mutilated hand. They spend a pleasant evening; take tea together, and Cangley reads aloud from a newspaper. At bed time, Cangley goes up to a loft with a boy, James Mol'oy. After 1 o'clock in the night, Mrs. Reilly heard a heavy noise, and thinking it was the boy, cried out, "James, good boy, take care you don't fall," fearing he would fall down the ladder. To this Cangley answered, "It is not James, Mrs. Reilly, it is me." She called from her room to ask why he could not sleep, and he replied he saw flashes of fire. Mr. Reilly now spoke and said it must be the moonlight: he left the bed and went out crying immediately, "I am murdered." Mrs. Reilly running to the rescue, was stabbed twice in the abdomen, and cut on the arm. Defending herself with a hedge slasher, Cangley turned and immediately after gave himself up to the nearest police station, telling what he had done, and where he had thrown his clasp knife in a bag. Reilly died in a few minutes after he was cut. Cangley was convicted, and when asked what he had to say when sentence was pronounced, protested that he was "unconscious." No medical evidence was called, and the significance of the hallucination of vision was passed by, the judge being scandalized at the proposition that a man so quiet and clear in statement, could be insane. He was insane, says Dr. Ray, for "who ever heard of a man arising in the night for the purpose of robbing or murdering his host, and walking so heavily as to wake him up, and calmly speaking to him as he approached his door. If his purpose were to kill, he scarcely accomplishes it; if to rob, he leaves the house without making the first attempt. And the absurdity of the notion is heightened by the fact that after accomplishing his end, he

straightway goes to the police and tells them what he has done.

"There can scarcely be a reasonable doubt," says Dr. Ray, "that Cangle committed the bloody act in a short and sudden paroxysm of mania, and under an impulse that he could neither understand nor restrain. Of course he was entitled to an acquittal, while society was equally entitled to such a disposition of his person as would have prevented any repetition of the murderous act." * * *. "Medical men, says he, have been reproached for the facility with which they allow themselves to support the plea of insanity in defence of crime. We are willing to bear the reproach. If those are reprehensible views which one time in a hundred promote the acquittal of a guilty man, how shall we characterize a system which no less often, at least, procures the conviction of one really irresponsible for his acts? * * *. Some things there are that cannot be rejected or ignored. One of the results of the more careful and extensive study of insanity in these latter days is the discovery of a mental condition in which the understanding and the will are completely dissevered, and the patient is borne on to the commission of some bloody deed by an irresistible impulse. These are not speculations or conjectures, but well observed, well authenticated facts; and not to recognize them as such in any attempt to fix the limits of legal responsibility, is no more a mark of wisdom than it would be to teach chemistry now as it was in the days of Priestley, or to try old women for witchcraft in the spirit and understanding of Sir Matthew Hale. Medical jurisprudence can be of any worth only so far as it faithfully represents the acknowledged truths of science. What greater disgrace, then, can attach to a court of justice than that of deciding a question of

**Jour. Ins.*, vol. 22, p. 33.

†*Ibid.*, p. 34.

guilt or innocence upon principles which have been falsified by the progress of knowledge?

In the debate upon this case as presented by Dr. Ray, among the Superintendents of the Insane, it is proper to state that Dr. Choate and others denied that a case of insanity could be made out, and thought it dangerous to accept the theory that a person never known to be insane, should commit crime under sudden and uncontrollable impulses. Such testimony, he declared, would bring discredit upon the profession.

Dr. Fonerden* advanced the supposition that Canglely was insane, and from masturbation. He gave a case in his own practice, of a stranger who met two brothers riding along in a road, and entered into friendly conversation. Suddenly, without the slightest motive, he threw one of the brothers from his horse and would have killed him but for the interference of the other. On examination it was found that the assailant had never known his victim before, and that he had never been known to be insane before. After acquittal he was placed in a hospital under the charge of Dr. Fonerden, when he attempted to kill the Doctor with a chair, in the midst of a friendly talk. His bodily vice was at once perceived there.

In the course of the discussion of this important topic various cases were referred to, and among them the case related by Dr. Walker, of a woman who had been attended by Dr. Steadman, who, while helping her sister to wash the dishes, seized a hammer and administered a blow upon her child, which was prattling on the floor. Her sister looked around as the second blow came down. The child died. When taken to prison she attempted to commit suicide. Dr. Walker stated that she became perfectly rational, but her

*Jour. Ins., vol. 12, p. 28.

friends would not see her except in his presence, nor would her husband submit to have her returned home. Her explanation of the killing of her child was this: "I thought the wall opened, and I saw my child lying out in the cold, and crying for bread."

Dr. Hills, of West Virginia,* gave a case of temporary insanity, in the instance of a man under his care who had tried to kill another, without any apparent motive. He was then recovering, and described his feelings at the time of the assault as intensely excited in fear of an imaginary black dog, about to destroy him.

The trial of Mary Harris for the murder of Burroughs, a Treasury Clerk in Washington,† on Jan. 30th, 1865, as reported in the papers of July following, has a wide spread notoriety. Its history is briefly as follows: Miss Harris was a young and attractive girl of humble Irish parentage, who from childhood had attracted the attention of Burroughs, twice her age, and they were engaged to be married for years. He moved from Iowa to Washington, broke his promise, and married a lady of Chicago immediately after meeting Miss Harris there, and arranging the preliminaries of their marriage. By disguised letters, anonymous in character, he endeavored to beguile her twice to an assignation house in Chicago, in order to lay ground to blast her good name in the event of suit for breach of promise. She was in great distress, suffered from severe dysmenorrhœa, attempted the life of the young sister of her friend, Miss Deolen, once was barely prevented from drowning herself, and exhibited many strange freaks. Finally she came to Washington, and shot Burroughs as he appeared in the Hall of the Treasury, having watched for him until he came from his office.

*Jour. Ins., vol 22, p. 41.

†Jour. Ins., vol. 22, p. 332.

Public attention was riveted upon this case, and while the public sympathy followed Miss Harris, the most opposite opinions have been expressed with regard to the justice of the verdict of not guilty, rendered in consequence of the defence of insanity. The strongest testimony in her behalf was given by Dr. C. H. Nichols, Superintendent of the Government Asylum for the Army and Navy, and President of the American Association of Superintendents of the Insane. He said, "her mind was so far affected as to cause her to have violent impulses, and to be unable to restrain them; and also to entertain either unfounded views and feelings, or to entertain those that had a foundation, with a morbid energy. Questioned as to whether she would have been able to give a rational answer, upon inquiry respecting her acts, he answered yes." Farther, he declared, "No amount of premeditation or preparation to commit a homicide, in my judgment, precludes the idea that that homicide was an insane act."

He testified absolutely that he believed the act proceeded from insane impulse.* Dr. F. Howard agreed in the same. When the prosecution requested a certain charge, the court so directed, but farther voluntarily instructed the jury to acquit, if they found that the prisoner "was impelled to the act by an insane impulse, produced either by diseased physical condition, or by moral causes operating on a diseased state of the system, stinging to madness, and for the time displacing reason from its seat." This was Judge Wylie, Supreme Court of the District of Columbia. Miss Harris was afterwards sent to an Asylum.

Dr. Jules Falret,† in specifying the divisions of insanity says: "Fourth, there are momentary paroxysms of insanity, without disorder of the intellect: during these the patients

**Jour. Ins.*, vol. 22, p. 253.

†*Jour. Ins.*, vol. 23, p. 516.

commit homicide, suicide, and other acts of extreme violence, while in their language they seem almost or altogether rational. This condition is frequently observed; for example, in the intellectual *petit mal* of epilepsy, and even sometimes in connection with the *grand mal*.

*The case of Geo. Winnemore, tried, condemned and executed for the murder of Dorcas Magilton, in Philadelphia, April 25th, 1867, is regarded by many physicians of eminence as a stain upon judicial annals. The husband of Dorcas Magilton returning home, found his wife dead, with her throat cut. The prisoner let him in, stated that he had himself just come in and found the unfortunate woman dead, and he went for a policeman himself. A razor like his was found in the privy, and two two dollar notes in his pocket, whereas the victim was known to have the same sort of notes the day before. It was shown that he was a quiet, inoffensive young man, that he was not pressed for money, and could have had it from his brother as he wanted it. That he was subject to attacks of utter unconsciousness, that sometimes he believed he could see the dead plainly, and sometimes suddenly imagined himself an Indian, and would talk the Indian language. On returning to his usual state, he knew nothing of what he had said. Twice he was known to have attempted suicide. When these spells of unconsciousness came on, his eyes were glassy and expression changed. Drs. Ray, Worthington and Jones examined him, and found him quiet, ingenious, cheerful, with some intellectual culture. On the subject of his death, he said he was ignorant of the deed, but willing to die, to serve the purposes of God. Life had no charms. He believed in God and future rewards and punishments, and being innocent, why should he have a clergyman? This was said with an

*Jour. Ins., vol. 24, p. 187.

unmistakable air of sincerity and good faith. These distinguished gentlemen appealed to Governor Geary for a respite, but in vain, and he died cheerfully, protesting his ignorance of the deed to the last. After his hasty execution came certificates from the army surgeon in the West where he had served, showing his epileptic state and paroxysmal affections.

Devergie* says that French courts have passed in thirty years from the extremity of incredulity to the full acceptance of transitory aberration of intellect. Esquirol gives the case of a gentlemanly man who made an assault upon a lawyer in the Palace of Justice, and was unconscious of it afterward. Tuke admits the suddenness of outbreak, the shortness of the paroxysm, and often the suddenness of the cessation. Esquirol relates cases of women of the most modest character, who pass at once to the insane condition, expose their persons, beat their husbands, or kill their children. Dr. Woodward gives seven cases of homicidal mania in his hospital, in no one of which had insanity ever been before suspected. Tuke† recounts 31 cases of homicidal insanity without marked disorder of the intellect.

Pinel repeatedly affirms that experience has shown that persons of extreme sensibility, may, by some sudden affection, be so intensely moved as to suspend or even destroy all moral powers.

The case of Deacon Saml. M. Andrews‡ who killed Cornelius Holmes, May 26th, 1868, has been widely read, and is likely to take rank among the typical reports of those who affirm the existence of mania transitoria. Andrews, through all his life, was reputed to be honest, industrious, faithful and concientious. He was amiable, gentle, calm, kind to

*Jour. Ins., vol. 27, p. 7.

†Jour. Ins., vol. 26, p. 17.

Jour. Ins., vol. 26, p. 385.

the sick, not excitable, and even timid. But Holmes was guilty of a base passion for sensual vice, and on the evening in question, as they were passing through a small thicket near the cemetery of Kingston, he suddenly threw Andrews on the ground, and being very powerful, prepared for an assault of the most atrocious character upon him. Andrews, pinned to the ground, reached out his hands and struck Holmes with the stones he could gather in his fingers. Then all consciousness left him, as he afterwards stated. Holmes' body was found with the skull battered to fine pieces, no less than twenty-seven stones having been used to effect the purpose. His watch, pocket book, &c., were undisturbed. Andrews came to himself swinging stones in his hands. He denied the deed at first, on account of a sick wife, but soon confessed the whole transaction. His parentage was insane, and he suffered from nervousness, headache and neuralgia. Some hallucinations of hearing appeared after imprisonment. The jury, by a strange conclusion, refused to find him guilty of murder, or to acknowledge his innocence of guilt by reason of insanity. He was convicted of manslaughter.

He exhibited no remorse or consciousness that he was in any way accountable for the deed, although all his life a man of tender sensibility, self-chastened and prayerful: generous to a fault. Says a writer: "The absence of motive, the want of plan and preparation, the unfitness of the time and place for concealment, the accidental and unfitting instruments, the excessive beating and mangling, the indications of ferocious cruelty, and these in connection with his honorable life, his pure and gentle character, and even the shuffling and attempt to mislead after the act, are all consistent with the theory of insanity."

The trial of Aratus F. Pierce* for shooting to death Wil-

*Jour. Ins., Jan. 1872.

liam Bullock, of Lockport, N. Y., March 11th, 1871, is yet more recent than any case quoted. Pierce had just reached home on a visit from his place of business in Chicago, and discovering an unnatural condition on the part of his sister, learned that she had been engaged to be married to Bullock, who had seduced her under the promise of marriage, and refused to perform it. He had an interview with Bullock in the house of his (Pierce's) father, when they came down town together, and at a street corner, asked him at parting, "What shall I tell my sister?" to which Bullock replied, "Go to hell," and Pierce instantly shot him. The defence was on the ground of mania transitoria. It was shown that Pierce had been always of high moral tone, great personal purity, so much, that in the army he had gained the *sobriquet* of "virgin of the battery," free from any quarrelsome or vindictive habits, and his love for Hattie his sister, was extraordinary. That it could not have been premeditated, as he had arranged the day before his own wedding day, three weeks ahead only; that the pistol was always worn in travelling, in a certain overcoat, which he had only put on as he left the house, at the request of his sister. His parentage was proven to be insane on both sides. The evening of the occurrence he is reported by physicians to have exhibited the incoherence of mental shock, and he declared he had no knowledge of the shooting.

The Judge in charging the jury said that the defence did not rest upon what was commonly called moral insanity, but "it proceeds from the idea that the defendant was so far deprived of sense and reason, as not only not to entertain, but to be incapable of entertaining, the criminal design required to constitute the offence charged in the indictment or any other offence." The medical testimony differed, Drs. Clarke and McCallum sustaining the defence, and quoted the following authorities :

Dr. Maudsley, in *Journal Mental Science*, vol. 9, p. 336.

Castelnau *Med. Leg.*, 19, 438.

Ray's *Med. Jur. Insanity*, § 149, § 150, Ed. 1871.

Bucknill on *Lunacy*, 2-5, 134.

Taylor's *Med. Jurisprudence*, 63.

Dr. Jarvis, *Jour. of Insanity*, 26, p. 1, &c.

Dr. Clarke says, "We defined this state of mind, as an instantaneous obedience of reason and judgment, during which, whether long or short, the individual would be actuated by mad and ungovernable impulses, its first manifestation usually a monstrous act, out of keeping with the previous character. It would be preceded by a severe mental strain, culminating in a sudden mental shock. It would probably be as transient as it was violent, and the transition would likely occur on the completion of the act of violence. The person so affected would either justify the act, or fail to remember it, but would never fly. It is the bewilderment of Ideler, or Parancea of Weiss.

Dr. Clarke presents an interesting supposition.* He says, in connection with the discussion in the case of Pierce, that as there are cases of general paralysis without hypertrophy, yet apparently brought about by extreme varicosity of the capillaries, a kinking and twisting with dilatation, as if at some period there had been too great a rush of blood for the vessels to carry on, without distortion. So says he, may not this abnormal varicosity, in a greater or less degree, be the congenital condition of those who inherit the insane tendency?

The charge to the jury was favorable to Pierce, and he was acquitted on the ground of insanity, after one hour's deliberation of the jury. The importance of this case, in which the defence was made solely upon *mania transitoria*.

**Journal of Insanity*, Jan. 1872, p. 405.

must excuse the length of the reference to it. Other instances might be cited of the prevalence of this plea, but perhaps we have not yet receded far enough from the excitements of the hour to examine their respective merits. I have, indeed, already pursued this branch of my subject to undue length perhaps. With the desire to present the whole case, numerous instances have been cited as claimed to support the views of those who believe in mania transitoria, even though in some features they presented a divergence from the strictly assumed type of disease.

It remains to note the grave and ably urged objections of many very learned and experienced physicians of the insane, who totally deny the existence of the affection herein recorded, and ascribe the unexplained phenomena to imperfect knowledge of what are cases of true chronic but partially concealed insanity, or of epilepsy, or hysteria, and occasionally impugn the accuracy, either of the diagnosis or the report. Filled with zeal lest vice and wickedness assume the cloak of affliction to deal their deadly blows upon society, these gentlemen seem none the less convinced and enthusiastic than their brethren of the opposite belief.

Dr. Sankey, the proprietor of a private Asylum in England, and Lecturer on Mental Diseases in University College, London,* says the true name for this disease is Recurrent Mania. He affirms, "The attack occurs in patients who have been at least once distinctly insane, the fresh outbreak of acute symptoms comes on without a premonitory melancholic stage, and it occurs not absolutely without warning to attentive observers, but to friends often totally unexpected. The patient is about his usual occupation, and apparently sane; he complains of slight indisposition, perhaps a malaise, an indiscribable discomfort of some kind,

*Sankey on Mental Diseases, p. 94.

or slight headache, and then breaks out into some insane act. This act is often one of violence to himself or others, or some act of destruction to property. The outbreak subsides gradually, sometimes in a few days. The patients often deny having been insane, and declare if left alone, there would have been nothing the matter with them.

What I give you, says he, is the result of my own examination of this question,* which is not without difficulties. These cases run over many years, so that one person cannot speedily trace many of them himself. In the published accounts, the first symptoms are sometimes omitted, in others the termination is unknown; in many cases only an attack is described, because of only one criminal inquiry.

He refers to the case described by Bucknill and Tuke, in 1858, of the French lad who killed his step-mother in 1854, (referred to in this paper), and shows that his later history indicates that it was ordinary recurrent mania, for the youth actually killed himself on the tomb of his victim in February, 1859, and in his pocket book were found the words, "I am about to die close to her whom I so fondly loved and so greatly deplored."

Says Sankey, "I have never met with the absence of a premonitory melancholic stage in a primary attack of mania, but its absence in secondary attacks is by no means unusual."

In my opinion,† these accounts (of violent acts done by lunatics, cited as examples of emotional insanity,) are of no value in establishing the existence of such disease as a distinct morbid species, as really, all they show, is that a certain number of persons committed acts of great violence, who were never supposed to have been insane previously; and that the acts themselves all appeared to be without mo-

*Sankey on Mental Diseases, p. 95. †Ibid, p. 97.

tive. It would be more interesting to know who made the diagnosis that these persons were not previously insane." "I have never yet discovered a case in which an act of violence was committed by a lunatic as his first insane act." Thus in the case quoted as typical of a young man who rose in the night and stabbed his school-fellow, it was found that he had severe cerebral disorder in childhood, and had been of weak mind ever afterward.

There was an interesting debate on this subject at the Madison (Wis.) meeting of American Superintendents of the Insane, reported in the *Journal of Insanity* in Oct., 1872.* It was provoked by a declaration of Dr. Curwen in a paper upon insanity, its diagnosis and treatment, that transitory mania was too well established to admit of denial or question. Dr. Curwen is Supt of the Pennsylvania Asylum at Harrisburg, and permanent Secretary of the Association. This position was denied by Dr. Gray, the accomplished head of the important State Insane Asylum of New York, at Utica. He acknowledged that the older writers favored the doctrine of mania transitoria, but their cases had been repeated by writers, without corroborating evidence of the present day. We could not find such cases, in our practice, with the present state of knowledge. He admitted that Marc had given two or three hundred pages to the subject, but he had recounted numerous cases of epilepsy and epileptic mania. Dr. Gray admitted that mania often replaced the epileptic paroxysm so to speak, but he denied that the epileptic was ever really sane altogether, i. e., that the attacks could be justly termed transitory mania. He acknowledged, however, that the clearest and most distinct account of the alleged disease is given by a recent writer in 1870, Professor Kraft Ebing of Strasburg, who describes five cases

**Jour. Ins.*, Oct., 1872.

under his own observation. Ebing terms a form of mania characterized by sudden appearance, violent manifestation, mental and muscular, entire loss of appreciation of what is going on and of time, and utter loss of memory concerning what occurred during the paroxysm. Its shortest duration was twenty minutes, and the physical condition accompanying it was that of temporary congestion, with reddened face, injected eyes, heat of head, and a quick, feeble, or full bounding pulse.

Dr. Gray contends if such description is left out of cases, they are not reported with scientific accuracy, and their statement amounts to a mere lawyer's plea.* He refers to the cases where persons have deliberately gone with instruments prepared for shooting their fellow-men for a real or fancied insult: where immediately before and after the act the person was sane and conscious, and the appeal to the court was, that the wrong committed had engendered insanity, which was formed into transitory mania, on getting into the presence of the wrong-doer. We have had three or four such in New York of late years, says he. They are cool and indifferent after the deed, and show no remorse. They appeal to medical jurisprudence to justify them, and they are acquitted. He referred to the case of a woman who had armed herself with a pistol, watched for her victim to enter a street car, went in and spoke to him, and receiving an answer which she said was insulting, shot him dead. Yet a medical man testified that she was rendered instantaneously insane by the man's reply, and reason was overthrown at one blow, for the moment. She saw the smoke, saw the wound in his face, saw the pistol and picked it up, adjusted it and fixed it back in its place. The shooting relieved the mind, and she was at once well. Such testi-

**Jour. Ins.*, Oct. 1872, p. 144

mony, says Dr. Gray, is the result of the acceptance of theories without facts, detailing symptoms fixed and definite.

Dr. Callender, of Tennessee,* agreed with Dr. Gray, and related how the courts had set aside his testimony, and released a man who had killed the seducer of his wife while he was absent in the army. Yet they had met frequently for four years, until one morning he killed him as the seducer passed his place of work, and it was contended that this was the result of insane impulse. Dr. Callender contended that if this type of insanity "has the suddenly reddened face, the heated head, the quick bounding pulse that is asserted, let them adduce a sufficiency of well-authenticated observations to establish it, before we substantially admit that the poet's line 'anger is a short madness,' means madness involving legal responsibility."

Dr. Stevens sustained Dr. Curwen in opposition to the views of Dr. Gray.† He referred to the case of Fore, who killed Munsen H. Beach. He said no intellectual impairment could be discerned, but lies where history showed that his desperate attacks upon the lives of others proceeded from transitory mania: his family were deeply affected by mental disease. Dr. Stevens declared that he had been bitterly assailed by the pulpit, for the evidence given by him upon which Fore was acquitted.

The debate continuing, Dr. Hughes, of St. Louis, formerly Supt. of the Missouri Asylum, at Fulton,‡ said: "I believe in transitory mania. I do not believe in mania transitoria characterized by premeditation and resulting from a motive, but I do believe in the possibility and probability of real transitory mania, or the mania of sudden and overwhelming impulse, as thoroughly as I believe in epilepsy or sudden cerebral congestion, which may suddenly kill or

*Jour. Ins., Oct., 1872, p. 154. †Ibid, p. 149. ‡Ibid, p. 157.

lead to acts of sudden insanity. I believe in disease as the immediate cause of insanity. I believe in the sudden recurrence of disease. We have diseases of the heart and other physical organs which instantaneously take away life or indirectly disturb the functions of the brain. Why not a sudden cerebral disease—concussion, congestion, or withdrawal of blood—sufficient to cause transitory and immediate insanity. We do have these cerebral states, and the resulting insanity is sometimes permanent. I should hesitate long before pronouncing an absolutely motiveless act of homicide, a case of sane rather than insane impulse. I believe, as Maudsley says, that there may be certain disturbances of the cerebral molecules, by internal or external causes, as will result in the immediate outburst of insanity, but I should be wary in coming to such a conclusion. I believe in a form of insanity in which the intellectual functions are wholly in abeyance, and apparently unimpaired. Dr. John Ordronaux, Prof. of Med. Jurisprudence in the Law School of Columbia College, and now Commissioner of Lunacy for the State of New York, under the recent laws of that commonwealth,* contributes a valuable paper to the literature of this subject in the *Journal of Insanity*, (Jan., 1873.)

He says an untimely dialectics, born of materialism, would convert equitable into sentimental jurisprudence. That no scientific physician can deduce an existing disease from a moral state of a patient, that he must find material symptoms, or he has nothing upon which to rest his diagnosis. Dare any pathologist affirm that because a man's mind is worried, he must therefore owe it to dyspepsia. Yet courts are asked to instruct and have so charged that a man who has committed crime must be considered irresponsible

**Jour. Ins.*, Jan. 1873.

because of its enormity, and its incomprehensible motivelessness." * "Those virtuous moral lunatics, Sickles, Cole and McFarland, seem to have had just enough moral perception left them to discern that they had been cruelly wronged, but not enough moral discernment to perceive that they wronged their victims in slaying them. In the admitted enjoyment of perfect mental sanity they deliberated upon their wrongs precisely as do men who desire to revenge themselves. Instead of being impassive and indifferent to wrong as any consistent moral lunatic should be, they "nursed their wrath to keep it warm," conned over day by day the great tragedy by which they were to raise themselves to the bad eminence of murderers, and when they had screwed their courage up to the executive point, all shot their victims in so cowardly a way as to show that they did not intend to expose themselves to any risk. Human nature has not changed its constituents since the day of its creation, and it is idle to assume that modern progress will dis sever the moral and intellectual natures.

† "A natural corollary and legitimate offspring of moral mania is that form of impulsive insanity, recently designated as mania transitoria. If the former, disparting in a physical way our mental constitution into two separable entities, may be considered illogical, and therefore a contradictory conclusion to the premises on which rest all civil and religious accountability, the latter must be admitted to be a conclusion with a premise, an edifice standing upon air, and a species of psychological soap-bubble which bursts, not only when philosophically handled, but by its own expansion.

Ordinarily, diseases show some relations to past or present physical states, and leave behind some evidence of their

* Jour. Ins., Jan. 1873, p. 324. † Ibid, p. 331.

occurrence. They have *prodromata* and *sequela*. But nature changes all her laws in the case of mania transitoria. We are asked to call it disease and yet not permitted to apply the tests of disease. If we ask to what class it belongs, we are told to none. It is not a mental observation, because there is no incoherence, no delirium. Its end and aim being homicidal, it goes straight to its purpose and stops. It is not an ordinary and vulgar nervous malady, for that has stages, and this none. It is not an inflammation of the brain or cord, because this has definite symptoms, impressing themselves upon the pulse, muscular co-ordination, &c. If we ask how long it lasts, we are told sometimes but a minute, long enough to fire a pistol, or give a stab, for if it continued an hour or a day after, it would not be mania transitoria, but rather that common kind which finds its way properly into Asylums. Wherein it follows that in order to be recognized, it must be seen only by those who are specially endowed with the faculty of introspecting the minds of others divinely. Truly such a power of reading the human interior as that, is, to say the least, *quasi*-divine. Other manias deport themselves through various phases of mental aberration, or physical misconduct, but in all the American cases, constituting causes celebres in our criminal jurisprudence, such as those of Sickles, McFarland, Cole, Andrews and Pierce, the crime was not simply homicidal, but with all such aggravating circumstances as showed revenge for injuries to the feelings, coupled with protracted determination to redress those wrongs. Each revolved the incidents of the drama deliberately, and executed it when the most convenient time to him, and the most defenceless to his victim, had arrived. In what single element does this differ from premeditation. No recognizable symptoms of insanity were exhibited before or after the commission of their crimes. In order to explain their mental condition, we are told that a certain parenthetic phase of insani-

ty suddenly sandwiched itself between the otherwise sane operations of their minds, and they became instantaneous lunatics.

The promulgators of these theories are on a dilemma, the other horn of which is demoniacal possession. What is left them but this. These flash-of-lightning forms of insanity, heralded by no symptoms, rushing meteorically into one's mental atmosphere, and exploding violently, yet leaving no wreck even of its subject behind; being all-in-all to itself, self-created, self-existent, self-curing, self-limited, and above all physical laws, has it any analogue among finite things on the earth, in the air, or in the waters under the earth? Can it be made the object of legal evidence?" Dr. Ordonaux contends at length that Drs. Jarvis and Ray, who have written on this subject, give no case as occurring in their own large practice, and that numerous other physicians of the insane, in charge of many thousand patients during their lives, had never seen a case which they would describe as mania transitoria. He freely acknowledged that an epileptic was irresponsible for what occurred during his convulsions, which might assume the form of mania, but the whole occurrence would be a blank in his memory, and he could not remember the incidents of the act of violence, as seen in the cases referred to. "It is a pleasant thing indeed in this world of suffering, that a patient can cure himself, simply by gratifying his wishes *ad libitum*. But it is a different thing when that gratification involves destroying a human being, and constituting one's self the judge and avenger of one's own personal injuries, and society owes it to itself by this general assault upon its prerogative, to hunt the avenger down as an outlaw."

There is no possibility that a disease belonging to a finite body can constitute itself into a miracle, being in all its manifestations contrary to the laws of nature. Hypothesis is only the anti-chamber to argument, and the law cannot

rest upon it in determining human responsibility. *We object to mania transitoria because it is a hypothesis and nothing more, and an assumption not sustained by facts. It borrows the name of a disease, but refuses to bear the features of one. It asserts itself superior to logical demonstration. It starts with an assumption, ends in an assumption, and is only an inference throughout from an unsupported hypothesis. Its tendency being to emancipate crime from penal obligation, it is against divine and human justice, and the sovereignty of man's moral nature. Lastly, it is an attempt to set back the clock of the century, and revert to superstition and supernaturalism in medicine."

This long quotation presents with distinctness the firm opposition of one school of thought to the admission of this affection, but as we have seen, its advocates are equally tenacious:

Dr. Maudsley says: †"A character which the insane neurosis has in common with the epileptic neurosis is, that it is apt to burst out in a convulsive explosion of violence: that when it develops into actual insanity, it displays itself in deeds rather than words—in an insanity of action rather than thought. It is truly a *neurosis spasmodica*. Again he declares, ‡"There is a distressing form of disease in which a desperate impulse to commit suicide or homicide overpowers and takes prisoner the reason. This terrible impulse is deplored sometimes by him who suffers from it, as deeply as by any one who witnesses it; his reason is no farther affected than in having lost power to control, or having become the slave of, morbid and convulsive impulse. It may be that this form of derangement does sometimes occur when there is no hereditary predisposition to insanity.

*Jour. Ins., Jan. 1873, p. 337.

†Maudsley, Body and Mind, p. 71. ‡Ibid, p. 73.

It is sometimes preceded by a strange morbid sensation, like the *aura epileptica*."

Again he says: "In children, as in adults, a brief attack of viduet mania, a genuine *mania transitoria*, may precede or follow, or take the place of an epileptic in the latter case, being a masked epilepsy."

Hammond says: * "What is called temporary insanity, mania ephemera, or impulsive insanity, generally depends upon cerebral congestion. In this connection, see 'A Medico-Legal study of the case of Dan'l McFarland in Journal of Psychological Medicine, (July, 1870).'"

In the Journal of Insanity, April and July, 1873, may be found thoughtful articles touching the relationship of epilepsy to insanity. After discussing the entire topic with thoroughness, Dr. Echeverria speaks of Mania Transitoria, and declares that he fastens its instantaneous evil acts "to some unsuspected form of epilepsy, when, by tracing back the history of the individual, we discover indications of the epileptic disease in its hidden varieties, such as nocturnal fits or simple vertigo, under which category he declares he has seen some very perplexing cases."

In debate in reference to the paper above quoted, Dr. Echeverria said: † "I admit instantaneous impulsive acts in relation to the varieties of insanity, and Dr. Ray will agree with me, that such sudden impulsive acts are generally described as instances of instantaneous mania. They may occur throughout a state of transitoria mania, that is almost always related to epilepsy, or during a fit of vertigo, or in individuals tainted with hereditary diathesis."

It may not be without interest to state some of the recent decisions of the court upon this subject, since the profession is clearly affected by its medico-legal relations.

*Hammond's Diseases of the Nervous System, p. 40.

†Jour. Ins., Oct., 1873, p. 208.

Judge Robertson,* of the Supreme Court of Kentucky, on the appeal of Rupert Smith, convicted of the murder of Erederrick Laundaur, said :

"It is the intellectual and moral nature alone that makes one, in the probationary sense, a man, and holds him responsible for his voluntary conduct. And it would be as useless and cruel to hold him accountable, either criminally or morally, for an act done without a free, rational and concurrent will, as it would be if his reason had been in total eclipse. The common law progresses with all other sciences with which it is affiliated, as a growing and consistent whole. And consequently, as the science of man's moral nature was developed, the phenomena of insane affections, emotions and passions, which either neutralize or subjugate the will, medical jurisprudence recognized as moral insanity, and pronounced this morbid and overwhelming influence as exculpatory as the other form called intellectual insanity. No enlightened jurist now doubts the existence of such a type of moral, contra-distinguished from intellectual insanity, as homicidal mania, or morbid and uncontrollable appetite for man-killing, and pyromania or the like passion for house-burning, and kleptomania, or an irresistible inclination to steal."

The following important decision of the Supreme Court of the United States,† in which all the Justices agreed except one, (Justice Strong,) is of very recent date, and interesting as conveying incidentally the views of the highest court in the land, upon some phases of the question under discussion. The opinion was delivered by Justice Hunt, in the *Mutual Life Insurance Company, plaintiffs in error, vs. Mary Terry*. It was a case of resistance by the Insurance Company to the payment of a policy of two thousand dol-

**Jour. Ins.*, vol. 23, p. 5.

†*Journal of Insanity*, Oct. 1873, p. 259, &c.

lars on the life of George Terry, because said Terry died from poison taken by himself. There was conflicting evidence in regard to his insanity. The Court says: "If he was impelled to the act by an insane impulse which the reason that was left him did not enable him to resist, or if his reasoning powers were so far overthrown by his mental condition that he could not exercise his reasoning faculties on the act he was about to do, the Company is liable." On the other hand, there is no presumption of law, *prima facie* or otherwise, that self-destruction arises from insanity.

There was a claim of the counsel that if the deceased had sufficient mental capacity to understand the nature and consequences of his act, that is, that he was about to take poison, and that his death would be the result, he must be responsible for his conduct, and the defendant is not liable for the money, and the fact that his sense of moral responsibility was impaired by insanity, does not affect the case.

But the decision of the Court proceeds upon the theory that a higher degree of mental and moral power must exist: that although the deceased had the capacity to know that he was about to take poison, and that his death would be the result, yet if his reasoning powers were so far gone that he could not exercise them on the act he was about to commit, its nature and effect, *or if he was impelled by an insane impulse which his impaired capacity did not enable him to resist, he was not responsible for his conduct*, and the defendant is liable.

In *Easterbrook vs. Union Insurance Company*, 54 Maine 224, the Judge at the trial instructed the jury "that if the insured was governed by irresistible or blind impulse in committing the act of suicide, the plaintiff would be entitled to recover. This decision was sustained by the Supreme Court of Maine.

In the case of *Gay vs. Union Mutual Life Insurance Company*, cited 2 Bigelow, Sup. p. 280, it was held "if the insur-

ed destroyed himself while acting under an insane delusion, which overpowered his understanding and will, *or if he was impelled to the act by an uncontrollable impulse*, the case does not fall within the provise of the policy."

Says Judge Hunt, "When we speak of the mental condition of a person, we refer to his senses, his perception, his consciousness, his ideas. If his mental condition is perfect, his will, his memory, and his understanding are perfect, and connected with a healthy bodily organization. *If these do not concur*, his mental condition is diseased or defective. †That form of insanity called impulsive insanity, by which the person is irresistibly impelled to the commission of an act, is recognized by writers on this subject. It is sometimes accompanied by delusions, and sometimes exists without them. The insanity may be patent or concealed. The impulses of persons of unsound mind are manifested in every form. These cases are to be carefully distinguished from those where persons in possession of their reasoning faculties are impelled, by passion merely, in the same direction. The judgment was affirmed in favor of Mary Terry."

It will be seen, therefore, that the doctrines of Impulsive and Transitory Insanity have found acceptance in the highest courts of the land, yet many decisions may be found which totally reject them as unscientific and untrue. In weighing the conflicting testimony and opinions on this contested question, while some cases appear to be manifestly the mere offspring of crime, and others are as plainly instances of ordinary insanity in recurrent outbreaks, there exists a number of cases which need explanation. Somewhere there is a border line between crime and misfortune here, and it has been happily said by some one that it must lie along the edge of bodily disorganization. The epileptic neurosis is freely admitted by the opponents of mania tran-

*Journal of Insanity, Oct. 1873, p. 267. †Ibid, p. 268.

sitoria to exhibit itself by mania as well as by true convulsion. Who will explain larvated epilepsy, or the maniacal form which replaces it? How often are its slighter attacks unsuspected, undreamed of, both by its victims and their friends! Van der Kolk, Ramberg, and a host of writers tell us that it may duly demonstrate itself by a slight tremble of the eyelids or stammer of the tongue, a faint twitch of the facial muscles, a trifling vertigo, a mere momentary unconsciousness, unnoticed by the patient himself. Or its attacks may continue for years, only by night,—the incontinence of urine is not suspected as a consequence, the spasm is regarded as nightmare, the spot of blood on the pillow is thought to be ordinary bleeding from the gums or mouth, the minute spots upon the forehead pass unnoticed. It has even existed for years and eluded professional search in hospitals.

The late esteemed Dr. J. W. Wilkie, Supt. of the Asylum at Auburn, N. Y., for Insane Criminals, who has been within a few weeks committed to an honored grave,* stated in confirmation of the fact that the real epilectic state may exist, unsuspected by the criminal or any of his friends, or even the insane condition thereby induced.

"A young man was received into this Asylum Aug. 27, 1872, from one of the State prisons, who had been convicted thirteen days before, of an assault to kill. When arraigned, he put in a plea of self-defence. No inquiry was made as to his mental condition, nor had any derangement of his mental faculties been suspected by his most intimate associates. He labored under the delusion that he was assaulted and abused by his fellow patients and the attendants in the Asylum. Application for his pardon was made, which I opposed, on the ground that he was a dangerous lunatic.

**Jour. Ins.*, Jan., 1874, p. 372,

His brother, who made the application, a gentleman of high respectability, informed me that no mental disease had ever been suspected before his imprisonment. He gave evidence of larvated epilepsy, and finally became rapidly demented, dying Aug. 15, 1873, with convulsions, and *in status epilepticus*."

There is another remarkable case, which has been reported in the Journal of Insanity for April, 1876.* Jacob Stander-man was condemned to be hanged on the 10th December last, for the murder of Miss Siedenevalt, in New York, April 19th, 1875. He had paid her many attentions, and been subject to much teasing on the subject. On the evening in question, Miss Siedenevalt stepped out of a Fourth Avenue car, with a young lady and gentleman. He was standing on a corner and approached to speak to her, when she turned away with a gesture of contempt, and he shot her instantly. The defence amounted to little, and he was promptly sentenced to death. His conduct in prison exciting surprise, the Governor ordered a Commission to examine him, consisting of Prof. Ordronaux and Dr. Wood. His brother having been discovered in Connecticut, it was found that his family history showed that he and his mother were epileptics, which had not been suspected before, but soon became plain on careful examination, and Gov. Tilden commuted his punishment to imprisonment for life, it being plain that he was a dangerous epileptic, and as he degenerates by disease, the Asylum for criminals is open to him. Epilepsy in his case exhibits itself in nocturnal attacks, and is not spinal, but cerebral.

To close this already lengthy paper, which is only excused by the great importance of the subject to the medical profession, to the friends of those arraigned for crime, under

*Jour. Ins., April, 1876, p. 451, &c.

doubtful circumstances, and to the interests of truth and humanity, no less than justice, I invite my professional brethren, in the event of investigating a case of supposed Impulsive Insanity :

To examine thoroughly the history of the family of the accused, for nervous disease of any character, and especially the insane neurosis.

To search the past life of the individual himself, for any indications of chronic but concealed insanity.

Especially, to ascertain if there is not evidence of larvated epilepsy, by a rigid symptomatic test.

And farther, to investigate the possible occurrence of any traumatic injury capable of giving rise to cerebral irritation of obscure character, and likewise to examine narrowly his record as regards physical views of every character.

With these reflections, the subject is left with you. I draw no lines of demarcation. Dr. Forbes Winslow has happily said, " Who can safely draw the line between night and morning, between light and darkness? or say at what precise moment health fades into disease? Who can mark precisely the frontiers, the almost imperceptible limits that separate insanity from sanity? Who can number the degrees by which reason declines and falls into annihilation? This would be to prescribe limits to that which is illimitable, to give rules to folly, to be bewildered with order, to be lost with wisdom."

As medical men, we need not be over anxious to assure a court what form or particular type of insanity may affect a person on trial ; it concerns us most to know that he is insane at all. Let us be weary in satisfying ourselves of the truth—once satisfied of the justice of our conclusion, let us be firm. With results we have nothing to do.

